


|   |  |   |
|---|--|---|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10506559 | <b>Applicant(s)/Patent Under Reexamination</b><br>WESTHALL ET AL. |
|   | <b>Examiner</b><br>CHARLIE PENG            | <b>Art Unit</b><br>2883   |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 365                |                                   | 13       |  |  |  | G                            | 0 | 2 | B | 6 / 00 (2006.0)     |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  | G                            | 0 | 1 | L | 1 / 24 (2006.01.01) |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 365                | 12                                |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 73                 | 800                               |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|  | 1        |       | 17       |       | 33       |       | 49       |       | 65       |       | 81       |       | 97       |       |          |
|  | 2        |       | 18       |       | 34       |       | 50       |       | 66       |       | 82       |       | 98       |       |          |
|  | 3        |       | 19       |       | 35       |       | 51       |       | 67       |       | 83       |       |          |       |          |
|  | 4        |       | 20       |       | 36       |       | 52       |       | 68       |       | 84       |       |          |       |          |
|  | 5        |       | 21       |       | 37       |       | 53       |       | 69       |       | 85       |       |          |       |          |
|  | 6        |       | 22       |       | 38       |       | 54       |       | 70       |       | 86       |       |          |       |          |
|  | 7        |       | 23       |       | 39       |       | 55       |       | 71       |       | 87       |       |          |       |          |
|  | 8        |       | 24       |       | 40       |       | 56       |       | 72       |       | 88       |       |          |       |          |
|  | 9        |       | 25       |       | 41       |       | 57       |       | 73       |       | 89       |       |          |       |          |
|  | 10       |       | 26       |       | 42       |       | 58       |       | 74       |       | 90       |       |          |       |          |
|  | 11       |       | 27       |       | 43       |       | 59       |       | 75       |       | 91       |       |          |       |          |
|  | 12       |       | 28       |       | 44       |       | 60       |       | 76       |       | 92       |       |          |       |          |
|  | 13       |       | 29       |       | 45       |       | 61       |       | 77       |       | 93       |       |          |       |          |
|  | 14       |       | 30       |       | 46       |       | 62       |       | 78       |       | 94       |       |          |       |          |
|  | 15       |       | 31       |       | 47       |       | 63       |       | 79       |       | 95       |       |          |       |          |
|  | 16       |       | 32       |       | 48       |       | 64       |       | 80       |       | 96       |       |          |       |          |

|   |  |   |  |
|---|--|---|--|
| NONE<br><br>(Assistant Examiner) _____ (Date) _____<br>/CHARLIE PENG/<br>Primary Examiner, Art Unit 2883<br>(Primary Examiner) _____ (Date) _____ |  | <b>Total Claims Allowed:</b><br>28<br><br>O.G. Print Claim(s) _____ O.G. Print Figure _____<br>60 _____ 5 _____ |  |
|---|--|---|--|